

**MERCER COUNTY SURROGATE'S COURT**  
**Diane Gerofsky, Surrogate**

**INFORMATION SHEET FOR ADMINISTRATION**

Circle the type of proceedings sought:

1. **General Administration Only**

2. **Administration Ad Prosequendum Only**

3. **Both General Administration and Administration Ad Prosequendum**

NAME OF DECEASED: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Residence of Deceased at Time of Death: \_\_\_\_\_  
(Indicate borough, township, town or city or county)

NAME OF PERSON SEEKING TO QUALIFY AS ADMINISTRATOR: \_\_\_\_\_

Address of Administrator: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

Attorney of Record: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

**SPOUSE, DOMESTIC PARTNER OR CIVIL UNION PARTNER AND NEXT OF KIN**

**NAME**

**RESIDING**  
**ADDRESS**

**RELATIONSHIP**  
**TO DECEASED**

**AGE IF**  
**UNDER 18**


Names of all adult persons whose right to administration is prior or equal to that of applicant and who will sign renunciations in favor of the applicant:


Approximate Value of Personal Property Passing by Intestacy (exclude assets that pass outside the Estate): \$ \_\_\_\_\_

Approximate Value of Real Property Passing by Intestacy (exclude assets that pass outside of the Estate): \$ \_\_\_\_\_

If Administration Ad Prosequendum is sought: The decedent's death was caused by the wrongful act, neglect or default of:

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Rule to Bar Creditors? (Yes)\_\_\_\_\_ (No) \_\_\_\_\_

Number of Short Certificates requested:\_\_\_\_\_

Date you wish Administrator to qualify:\_\_\_\_\_

Is the administrator appearing in the Trenton office to do administration?  
(Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Is the administrator appearing at a satellite office? (Yes)\_\_\_\_\_ (No)\_\_\_\_\_

Lawrence Satellite \_\_\_\_\_  
Ewing Satellite \_\_\_\_\_  
Hamilton Satellite \_\_\_\_\_  
Hopewell Satellite \_\_\_\_\_  
Pennington Satellite \_\_\_\_\_  
E Windsor Satellite \_\_\_\_\_  
Princeton Twp Satellite \_\_\_\_\_  
Washington Twp Satellite \_\_\_\_\_

**PLEASE NOTE:** When making your appointment with the Surrogate's Court for a satellite office, kindly fax or return this information sheet together with **a copy of the death certificate** to this office at least 24 hours prior to the appointment. Contact Kelly at (609) 989-6336 to make an appointment.

**MERCER COUNTY SURROGATE'S COURT**  
**P.O. BOX 8068**  
**TRENTON, NEW JERSEY 08650**  
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**E-mail: [dgerofsky@mercercounty.org](mailto:dgerofsky@mercercounty.org)**